SUBSTITUTION FOR REQUIRED COURSE -
CERTIFICATE PROGRAM

Name: ______________________________________  Student #: __________

Certificate Program: ______________________________________________________

Substitute: ___________________________________________________________
   Curriculum  Course No.  Hours
For: _________________________________________________________________
   Curriculum  Course No.  Hours

Substitute: ___________________________________________________________
   Curriculum  Course No.  Hours
For: _________________________________________________________________
   Curriculum  Course No.  Hours

Reason for substitution(s):

List 4 courses now to be used for certificate

________________________________________   __________________________________
________________________________________   __________________________________

Approved: ___________________________________________  Date: __________
            Program Advisor

Approved: ___________________________________________  Date: __________
            Department Chair or Designee

Approved: ___________________________________________  Date: __________
            VPGS or Designee